

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

440-2007-04648

Illinois Department Of Human Rights

and  
EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Lorraine Wormely

Home Phone (Incl. Area Code)

(708) 922-0631

Date of Birth

12-11-1963

Street Address

City, State and ZIP Code

3743 W. 168th Street, Country Club Hills, IL 60478

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

SO. SUBURBAN COUNCIL ON ALCOHOLISM

No. Employees, Members

101 - 200

Phone No. (Include Area Code)

(708) 647-3333

Street Address

City, State and ZIP Code

1909 Cheker Square, East Hazel Crest, IL 60229

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest

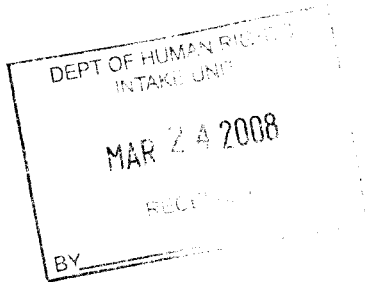
04-12-2007 04-18-2007

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began employment with Respondent on or about April 17, 2000. My most recent position was Senior Addiction Counselor II. I have a disability of which Respondent is aware. On or about April 3, 2007, I was forced home due to the working conditions exacerbating my medical condition. On or about April 11, 2007, I requested a reasonable accommodation and was denied. On or about April 18, 2007, I received a letter informing me that my employment was terminated.

I believe I have been discriminated against based on my disability, in violation of the Americans with Disabilities Act of 1990.



RECEIVED EEOC

MAY - 1 2007

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

4/30/07 [Signature]  
Date Charging Party Signature

EXHIBIT

A